

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

|                                                                |                                                                                                                                               |                                                   |   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---|
| PLAINTIFF<br>JOYCE A. WATSON                                   |                                                                                                                                               | COURT CASE NUMBER<br>08 C 3598 <b>08c 3598</b>    |   |
| DEFENDANT<br>JIM DACHS, ETAL.                                  |                                                                                                                                               | TYPE OF PROCESS<br>SUMMONS & COMPLAINT            |   |
| SERVE<br>AT                                                    | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br>JIM DACHS AT GLEN OAKS NURSING HOME |                                                   |   |
|                                                                | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>270 SKOKIE BLVD. NORTHBROOK, ILLINOIS 60062                               |                                                   |   |
|                                                                | SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW                                                                            |                                                   |   |
| JOYCE A. WATSON<br>1826 CAROLINA STREET<br>GARY, INDIANA 46407 |                                                                                                                                               | Number of process to be served with this Form 285 | 1 |
|                                                                |                                                                                                                                               | Number of parties to be served in this case       | 3 |
|                                                                |                                                                                                                                               | Check for service on U.S.A.                       | X |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED

Fold

Fold

AUG 15 2008 YM  
AUG 15 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

|                                                                                                                                   |                             |                                     |                                    |                                                          |                         |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------------------|----------------------------------------------------------|-------------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br><b>143</b> | District of Origin<br>No. <b>24</b> | District to Serve<br>No. <b>24</b> | Signature of Authorized USMS Deputy or Clerk <b>M.W.</b> | Date<br><b>07-08-08</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------------------|----------------------------------------------------------|-------------------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **8/12/08** Time **9:45** ☒ am ☐ pmSignature of U.S. Marshal or Deputy  
**George P. [Signature]**

|                             |                                                          |                            |                                |                              |                                                                      |
|-----------------------------|----------------------------------------------------------|----------------------------|--------------------------------|------------------------------|----------------------------------------------------------------------|
| Service Fee<br><b>96.00</b> | Total Mileage Charges including endeavors<br><b>2328</b> | Forwarding Fee<br><b>0</b> | Total Charges<br><b>119.28</b> | Advance Deposits<br><b>0</b> | Amount owed to U.S. Marshal* or (Amount of Refund*)<br><b>119.28</b> |
|-----------------------------|----------------------------------------------------------|----------------------------|--------------------------------|------------------------------|----------------------------------------------------------------------|

REMARKS:

17 USM x 2 hours @ 48 miles round trip

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED